



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Patton et al.	Group No: 1615
Application No: 10/612,376 Confirmation No: 3703	Examiner: Gollamudi S. Kishore
Filed: July 1, 2003	Attorney Docket No: NK.05.15
Title: METHODS AND COMPOSITIONS FOR THE PULMONARY DELIVERY OF INSULIN	May 12, 2008 San Francisco, California 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 VIA ELECTRONIC FILING <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> RCE <input type="checkbox"/> Declaration <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136 <table border="1"> <tr> <th rowspan="2">Extension (Months)</th> <th colspan="2">Extension Fee</th> </tr> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td>\$120.00</td> <td>\$60.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td>\$460.00</td> <td>\$230.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td>\$1,050.00</td> <td>\$525.00</td> </tr> <tr> <td align="center" colspan="3">Total \$ 0.00</td> </tr> </table> <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	Extension (Months)	Extension Fee		Large Entity	Small Entity	<input type="checkbox"/> One Month	\$120.00	\$60.00	<input type="checkbox"/> Two Months	\$460.00	\$230.00	<input type="checkbox"/> Three Months	\$1,050.00	\$525.00	Total \$ 0.00		
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<input type="checkbox"/> One Month	\$120.00	\$60.00																
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Total \$ 0.00																		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	34	25	9	\$50.00	\$25.00	\$450.00
Independent Claims	6	4	2	\$210.00	\$105.00	\$420.00
Multiple Dependent Claims			0	\$370.00	\$185.00	\$ 0.00
Total						\$ 870.00

Fee Payment <input type="checkbox"/> Extension Fees \$ 0.00 <input checked="" type="checkbox"/> Fees for Extra Claims \$ 870.00 Total \$ 870.00	Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> . Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: Guy V. Tucker Janah & Associates, P.C. 650 Delancey Street, #106 San Francisco, California 94107 Respectfully Submitted,  Guy V. Tucker Registration No. 45,302
I hereby certify that this correspondence is being electronically filed on the date shown below:  By: <u>Leslie Mills</u> Date: <u>May 12, 2008</u> <div align="center" data-cs="2" data-kind="parent"> CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): </div>	